

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 577025

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0		1			
2						
3						
4						
5						
6	2					
7	2					
8	2					
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20			1			
21			1			
22			1			
23						
24						
25						
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	2					
34	2					
35	2					
36	2					
37	2					
38	2					
39	2					
40	2					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	2					
49	2					
50	2					
TOTAL IND.			1			
TOTAL DEP.			14			
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			2			
53			3			
54			2			
55			2			
56			2			
57			2			
58			2			
59			2			
60	1					
61			1			
62			1			
63			1			
64			1			
65			2			
66			2			
67			2			
68			2			
69			2			
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94			2			
95			2			
96			2			
97			2			
98			2			
99			2			
100			2			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						